Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main B1 (Official Form 1) (4/13) Document Page 1 of 40

United States Bankruptcy Court Voluntary Per

NC	United State RTHERN DISTR	-	•				Voluntary	Petition
Name of Debtor (if individual, enter Last, First,	vliddle):		N	Name of Joint De	ebtor (Spous	se)(Last, First, Middl	le):	
Hutchings, Thomas A								
All Other Names used by the Debtor in the (include married, maiden, and trade names): NONE	ast 8 years			All Other Names (include married, ma			he last 8 years	
Last four digits of Soc. Sec. or Indvidual-Taxpayer (if more than one, state all): 4553	I.D. (ITIN) No./Comple	ete EIN		Last four digits of So		vidual-Taxpayer I.	.D. (ITIN) No./Complet	e EIN
Street Address of Debtor (No. & Street, City, and State): 16729 Cardinal Drive				Street Address of		(No. & Stree	et, City, and State):	
Orland Park, IL		ZIPCODE 60467						ZIPCODE
County of Residence or of the Principal Place of Business: Cook				County of Resider Principal Place of				
Mailing Address of Debtor (if different from	street address):		N	Mailing Address	of Joint Debte	or (if different	t from street address):	
SAME								
		ZIPCODE						ZIPCODE
Location of Principal Assets of Business De (if different from street address above): NOT AI	ebtor PPLICABLE							ZIPCODE
Type of Debtor (Form of organization)	Nature of (Check one	of Business	;	Chapter o	_	-	r Which the Petition	ı is Filed
(Check one box.)	Health Care Bus	,		Chapter 7	(Check one	<i>′</i> —	hapter 15 Petition for	Recognition
Individual (includes Joint Debtors)			1	Chapter 9			of a Foreign Main Pro	
See Exhibit D on page 2 of this form.	in 11 U.S.C. § 10		iea	Chapter 11 Chapter 12		_ Cl	hapter 15 Petition for	Recognition
Corporation (includes LLC and LLP)	Railroad	I_				☐ of	a Foreign Nonmain	Proceeding
Partnership	Stockbroker			Chapter 13	Nature of	Debts (Che	ck one box)	
Other (if debtor is not one of the above entities, check this box and state type of	Commodity Bro	Commodity Broker			☐ Debts are primarily consumer debts, defined ☐ Debts are primarily			
entity below	··· I 🗖					"incurred by an		ess debts.
	Other			or household		personal, famil	ly,	
Chapter 15 Debtors	Tax-Exe	mpt Entity	7		Chap	ter 11 Debtors		
Country of debtor's center of main interests:		x, if applicable.)		Check one box:	-			
Each country in which a foreign proceeding by,	Debtor is a tax-e		1 🗀	Debtor is a small business as defined in 11 U.S.C. § 101(51D).				
regarding, or against debtor is pending:		of the United State		Debtor is not a	small busines	ss debtor as defi	ined in 11 U.S.C. § 1	01(51D).
	Code (the intern	nal Revenue Code		vi i <u>i</u> e.				
Filing Fee (Chec	ek one box)			C heck if: Debtor's aggreg	gate nonconti	ngent liquidated	d debts (excluding del	bts
Full Filing Fee attached					s or affiliates)) are less than \$2	2,490,925 (amount su	
Filing Fee to be paid in installments (applicabl attach signed application for the court's considerable attach signed attached atta	• ·			0n 4/01/10 ana e		rs inereajiei). 		
is unable to pay fee except in installments. Rul			C	Check all applica	able boxes:			
Filing Fee waiver requested (applicable to cha	oter 7 individuals only).	Must		A plan is being filed with this petition				
attach signed application for the court's consider				Acceptances of the plan were solicited prepetition from one or more			nore	
				classes of credi	itors, in accor	rdance with 11	U.S.C. § 1126(b).	
Statistical/Administrative Information							THIS SPACE IS FOR	COURT USE ONLY
Debtor estimates that funds will be available	ior distribution to unsecu	ared creditors.						
Debtor estimates that, after any exempt prope distribution to unsecured creditors.	rty is excluded and admi	nistrative expens	ses paid, the	ere will be no funds	s available for			
Estimated Number of Creditors			П	П		П		
	-999 1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000		
Estimated Assets		10,000	23,000		100,000	100,000	┨	
	0,001 \$1,000,001	\$10,000,001	\$50,000,00	\$100,000,001	\$500,000,001	More than		
\$50,000 \$100,000 \$500,000 to \$	1 to \$10	to \$50 million	to \$100 million	to \$500 million	to \$1 billion	\$1 billion		
Estimated Liabilities							†	
	0,001 \$1,000,001	\$10,000,001	\$50,000,00		\$500,000,001	More than		
\$50,000 \$100,000 \$500,000 to \$		to \$50	to \$100	to \$500	to \$1 billion	\$1 billion		

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main

B1 (Official Form 1) (4/13) Document Page 2 of 40 FORM B1, Page 2

Di (omemi rom r) (4/13)	chi rage z or 40	FORM DI,	1 age 2
Voluntary Petition	Name of Debtor(s):		
(This page must be completed and filed in every case)	Thomas A Hutch	ings	
All Prior Bankruptcy Cases Filed Within Last 8 Yo	•	tach additional sheet)	
Location Where Filed:	Case Number:	Date Filed:	
INDIANA NORTHERN	08-23488	2008	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of	this Debtor (If mo	re than one, attach additional sheet)	
Name of Debtor:	Case Number:	Date Filed:	
NONE	Deletienskin.	To Jon.	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)	I, the attorney for the petitione have informed the petitioner the or 13 of title 11, United States each such chapter. I further cerequired by 11 U.S.C. §342(b.	Exhibit B be completed if debtor is an individual se debts are primarily consumer debts) r named in the foregoing petition, declare that I at [he or she] may proceed under chapter 7, 11, 12 Code, and have explained the relief available unde tify that I have delivered to the debtor the notice	
Exhibit A is attached and made a part of this petition	X /s/ Sara J. Gr	ay 12	/2/2014
	Signature of Attorney for Debt	r(s)	Date
	e part of this petition. Regarding the Debtor - Venue k any applicable box) iness, or principal assets in this Dihan in any other District. or partnership pending in this Dispusiness or principal assets in the Unit in an action proceeding [in a feat	strict for 180 days immediately rict. United States in this District, or has no	
•	Resides as a Tenant of Resider	tial Property	
Landlord has a judgment against the debtor for possession of debtor	applicable boxes.) or's residence. (If box checked, cor	uplete the following.)	
	(Name of landlord that	obtained judgment)	
	(Address of landlord)		
Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for possession		•	
Debtor has included with this petition the deposit with the court of period after the filing of the petition.	any rent that would become due of	uring the 30-day	
☐ Debtor certifies that he/she has served the Landlord with this certif	☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).		

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main B1 (Official Form 1) (4/13) Document Page 3 of 40 FORM B1, Page 3 Name of Debtor(s): **Voluntary Petition** (This page must be completed and filed in every case) Thomas A Hutchings **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts petition is true and correct, that I am the foreign representative of a debtor and has chosen to file under chapter 7] I am aware that I may proceed in a foreign proceeding, and that I am authorized to file this petition. under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to (Check only one box.) proceed under chapter 7. I request relief in accordance with chapter 15 of title 11, United States [If no attorney represents me and no bankruptcy petition preparer Code. Certified copies of the documents required by 11 U.S.C. § 1515 signs the petition] I have obtained and read the notice required by are attached. 11 U.S.C. §342(b) Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States chapter of title 11 specified in this petition. A certified copy of the Code, specified in this petition. order granting recognition of the foreign main proceeding is attached. X /s/ Thomas A Hutchings Signature of Debtor (Signature of Foreign Representative) Signature of Joint Debtor (Printed name of Foreign Representative) Telephone Number (if not represented by attorney) (Date) 12/2/2014 Signature of Attorney* Signature of Non-Attorney Bankruptcy Petition Preparer \mathbf{X} /s/ Sara J. Gray I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Signature of Attorney for Debtor(s) compensation and have provided the debtor with a copy of this document Sara J. Gray 6273540 and the notices and information required under 11 U.S.C. \$\$ 110(b), 110 (h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. \$ 110(h) setting a maximum fee for services Printed Name of Attorney for Debtor(s) Sara J. Gray, PC bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor Form 19 is attached. 1106 W. Jefferson St. Joliet, IL 60435 Printed Name and title, if any, of Bankruptcy Petition Preparer (815) 723-4543 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, 12/2/2014 responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Address Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. Signature of Authorized Individual

> If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title

II and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Printed Name of Authorized Individual

Title of Authorized Individual

Date

B 1D (Official Fo (Gas A) 11/45/43/45/4 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 4 of 40

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re Thomas A Hutchings	Case No.
	(if known)
Debtor(s)	

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days before the filing of my bankruptcy case , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form की है	AniliAv431454	Doc 1	Filed 12/02/14 Document	Entered 1 Page 5 of	2/02/14 12:39:14 40	Desc Main
	by a motion for determined incapacity. (Defined to be incapable of read Disability. (Defined to be incapable)	rmination by to ed in 11 U.S.C alizing and ma d in 11 U.S.C pate in a cred	C. § 109 (h)(4) as impaire aking rational decisions w . § 109 (h)(4) as physical it counseling briefing in p	ed by reason of me ith respect to finar ly impaired to the	the applicable statement] ental illness or mental deficiencial responsibilities.); extent of being unable, after the, or through the Internet.);	
of 11 U.S.C. § 109(h)	does not apply in this	s district.	cy administrator has dete		edit counseling requirement	
		of Debtor:	/s/ Thomas A	_		
	Date:	12/2/2014				

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re Thomas A Hutchings	Case	e No.
	Cha	pter 7
	/ Debtor	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data"if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 180,000.00		
B-Personal Property	Yes	3	\$ 3,800.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 251,021.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$ 15,831.36	5
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 1,766.57
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 1,730.00
ТОТ	AL	19	\$ 183,800.00	\$ 266,852.36	

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re Thomas A Hutchings	Case No.
	Chapter 7
	/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$1,766.57
Average Expenses (from Schedule J, Line 22)	\$1,730.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$1,359.51

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$71,021.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$ 15,831.36
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 86,852.36

Document

Page 8 of 40

In re <u>Thomas A Hutchings</u>	Debtor	Case No(if known
DECLAR	ATION CONCERNING DEBTOR'S	SCHEDULES
DECLARAT	ON UNDER PENALTY OF PERJURY BY AN IN	IDIVIDUAL DEBTOR
I declare under penalty of perjury that I had correct to the best of my knowledge, infor		sheets, and that they are true and
Date:	Signature /s/ Thomas A Hutchings Thomas A Hutchings	

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110)

I certify that I am a bankruptcy preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Preparer:	Social security No. :
Names and Social Security numbers of all other individuals who prepared of	or assisted in preparing this document:
If more than one person prepared this document, attach additional signed s	heets conforming to the appropriate Official Form for each person.
x	Date:

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

FORM B6A (Official Form 8A) (1207) 3154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 9 of 40

In re Thomas A Hutchings	Case No.
Debtor(s)	(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	HusbandH WifeW JointJ CommunityC	Secured Claim or	Amount of Secured Claim
Single Family Home930 Evergreen Ln, Schererville, IN 46375; occupied by ex- wife and their children	Fee Simple	CommunityC	\$180,000.00	\$180,000.00

TOTAL \$
(Report also on Summary of Schedules.)

180,000.00

BGB (Official Form 6 PASE) 14-43154	Doc 1	Filed 12/02/14	Entered 12/02/14 12:39:14	Desc Main
202 (6.110)41 1 6.111 02) (12/01)		Document	Page 10 of 40	

In re Thomas A Hutchings	. Case No.
Debtor(s)	(if known

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N o n e	Description and Location of Property	Husband Wife Joint Community	W tJ	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1	Cash on hand.	X				
2	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		BMO Harris Checking Account Location: In debtor's possession			\$500.00
3	Security deposits with public utilities, telephone companies, landlords, and others.	X				
4	. Household goods and furnishings, including audio, video, and computer equipment.		Varios Household Goods Location: In debtor's possession			\$2,000.00
5	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Michael Jordan Plate Collection Location: In debtor's possession			\$500.00
6	. Wearing apparel.		Various Used Clothing Location: In debtor's possession			\$800.00
7	Furs and jewelry.	X				
8	Firearms and sports, photographic, and other hobby equipment.	X				
g	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Whole Life PolicyDebtor has borrowed all cash value (about \$7,000) Location: State Farm			\$0.00
1	Annuities. Itemize and name each issuer.	X				
1	Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars.	X				

B6B (Official Form 6 (ASC)) 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 11 of 40

In re Thomas A Hutchings	Case No.	
Debtor(s)	,	(if knowr

SCHEDULE B-PERSONAL PROPERTY

		,			
Type of Property	N o n e	Description and Location of Property	Husband- Wife- Joint- Community-	-W J	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
(File separately the record(s) of any such					
interest(s). 11 U.S.C. 521(c).) 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give	X				
particulars. 13. Stock and interests in incorporated and unincorporated businesses. Itemize.	x				
14. Interests in partnerships or joint ventures. Itemize.	X				
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X				
16. Accounts Receivable.	X				
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X				
Other liquidated debts owed to debtor including tax refunds. Give particulars.	X				
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X				
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X				
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X				
22. Patents, copyrights, and other intellectual property. Give particulars.	X				
23. Licenses, franchises, and other general intangibles. Give particulars.	X				
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X				
25. Automobiles, trucks, trailers and other vehicles and accessories.	X				
26. Boats, motors, and accessories.	X				
27. Aircraft and accessories.	X				
28. Office equipment, furnishings, and supplies.	X				

BEB (Official Form 6 ASE) 14-43154	Doc 1	Filed 12/02/14	Entered 12/02/14 12:39:14	Desc Main
202 (0.1101011 0.1111 02) (1.2101)		Document	Page 12 of 40	

In re Thomas A Hutchings	Case No.
Debtor(s)	(if known

SCHEDULE B-PERSONAL PROPERTY

		(Continuation Cricety			
Type of Property	N	Description and Location of Property			Current Value of Debtor's Interest,
	o n	T	Husband- Wife- Joint-	-W	in Property Without Deducting any Secured Claim or
	е	Cor	mmunity-	-C	Exemption
29. Machinery, fixtures, equipment and supplies used in business.	X	,			
30. Inventory.	X				
31. Animals.	X				
32. Crops - growing or harvested. Give particulars.	X				
33. Farming equipment and implements.	X				
34. Farm supplies, chemicals, and feed.	X				
35. Other personal property of any kind not already listed. Itemize.	X				

BGC (Official Form 6 Rase) 14-43154	Doc 1	Filed 12/02/14	Entered 12/02/14 12:39:14	Desc Main
200 (0			Page 13 of 40	

In re	
Thomas A Hutchings	Case No.
Debtor(s)	(if known

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*
(Check one box)	
□ 11 I I S C & 522(b) (2)	

☑ 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
BMO Harris Checking Account	735 ILCS 5/12-1001(b)	\$ 500.00	\$ 500.00
Varios Household Goods	735 ILCS 5/12-1001(b)	\$ 2,000.00	\$ 2,000.00
Michael Jordan Plate Collection	735 ILCS 5/12-1001(b)	\$ 500.00	\$ 500.00
Various Used Clothing	735 ILCS 5/12-1001(a)	\$ 800.00	\$ 800.00
	Subtotal:	\$ 3,800.00	\$ 3,800.00
Page No. 1 of 1	Total:	\$3,800.00	\$3,800.00

^{*} Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 14 of 40

B6D (Official Form 6D) (12/07)

In reThomas A Hutchings	, Case No.	
Debtor(s)		(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)		Date Claim was Incurred, Nature of Lien, and Description and Mar Value of Property Subject to Lier HHusband WWife JJoint CCommunity		hotolineilal I	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 4800		2004-11-05				\$ 251,021.00	\$ 71,021.00
Creditor # : 1 Green Tree Servicing L 332 Minnesota St Ste 610 Saint Paul MN 55101		Mortage Single Family Home930 Evergreen Ln, Scherervil 46375 Value: \$ 180,000.00	le, IN				
Account No: 4800							
Representing: Green Tree Servicing L		Johnson, Blumberg, & 200 Russell St., Sut Hammond IN 46320					
		Value:					
No continuation sheets attached	j	1	Subto (Total of th			\$ 251,021.00	\$ 71,021.00
			•	ot	al\$	\$ 251,021.00	\$ 71,021.00

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data) B6E (Official Form 6E) 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 15 of 40

In re Thomas A Hutchings	Case No.

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or quardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If

entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily

the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.) Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of

the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6E (04/13) 25ent 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 16 of 40

In re Thomas A Hutchings	,	Case No.	
Debtor(s)		_	(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: Domestic Support Obligations

71 7														
Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor	DCAH		laim was Incu			Contingent	Unliquidated	Disputed	Amount of Claim	Amo Entitle Prio	ed to	Amoun Entitle Priori if ar	d to ity,
Account No: Creditor # : 1 Kimberly Plesha 930 Evergreen Ln. Schererville IN 46375			Child su	pport						\$ 0.00	Ş	0.00	r,	0.00
Account No:														
Account No:														
Account No:														
Account No:														
Sheet No. 1 of 1 continuation shee attached to Schedule of Creditors Holding Priori		lair		t page of the com	pleted Schedule E		his ot otal	pag : al I als	ge) \$ so	0.00				
					ompleted Schedu Summary of Cer	T le E. If app	ot	al able	\$ e,			0.00		0.00

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 17 of 40

B6F (Official Form 6F) (12/07)

n re_Thomas A Hutchings	, Case No.
Debte v(e)	

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community	;	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 7828 Creditor # : 1 Broadway Specialty Surgical % Regional Recovery PO BOX 8000 Hammond IN 46325			2009-01-01 Medical Bills					\$ 3,302.00
Account No: 7828 Representing: Broadway Specialty Surgical			Regional Recovery PO Box 8000 Hammond IN 46325					
Account No: Creditor # : 2 Cardinal Fitness 6253 N. McCormick Road Chicago IL 60659			Dues					\$ 300.00
6 continuation sheets attached		1	(Use only on last page of the completed Schedule F. Report		Т	otal	I \$	\$ 3,602.00

Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 18 of 40

B6F (Official Form 6F) (12/07) - Cont.

In re Thomas A Hutchings	<u> </u>	Case No.	
Debtor(s)			(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

				_			
Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 1998 Creditor # : 3 Comcast 155 Industrial Dr Elmhurst IL 60126-1618	Co-Debtor	JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community 2011-04-18 Utility Bills	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1998 Representing: Comcast			STELLAR RECOVERY INC 4500 SALISBURY RD STE 10 JACKSONVILLE FL 32216				
Account No: 0196 Creditor # : 4 Community Healthcare System Care Net 901 MacArthur Blvd. Munster IN 46321	•		2014-07-16 Medical Bills				\$ 118.00
Account No: 0196 Representing: Community Healthcare System Care N	let		KOMYATTASSOC 9650 GORDON DRIVE HIGHLAND IN 46322				
Account No: 0194 Creditor # : 5 Community Healthcare System Care Net 901 MacArthur Blvd. Munster IN 46321			2014-07-16 Medical Bills				\$ 80.00
Sheet No. 1 of 6 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims	ed t	o So	chedule of (Use only on last page of the completed Schedule F. Report also o Schedules and, if applicable, on the Statistical Summary of Certain Liabilitie	n Sur	Tota nma	al \$ ry of	\$ 477.00

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 19 of 40

B6F (Official Form 6F) (12/07) - Cont.

n re Thomas A Hutchings	<u>,</u>	Case No.

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 0194 Representing: Community Healthcare System Care N	Co-Debtor	J(Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community KOMYATTASSOC 9650 GORDON DRIVE HIGHLAND IN 46322	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1282 Creditor # : 6 Community Healthcare System Care Net 901 MacArthur Blvd. Munster IN 46321			2014-02-07 Medical Bills				\$ 189.00
Account No: 1282 Representing: Community Healthcare System Care N	let		VISION FIN 1900 W SEVERS RD LA PORTE IN 46350				
Account No: 4641 Creditor # : 7 Heyer Devarapalli MD SC PO Box 967 Tinley Park IL 60477-0967			Medical Bills				\$ 48.85
Account No: Creditor # : 8 Indiana Department of Revenue P.O. Box 7207 Indianapolis IN 46207-7207			Income Tax				\$ 500.00
Sheet No. 2 of 6 continuation sheets attach Creditors Holding Unsecured Nonpriority Claims	ed t	o So	Chedule of (Use only on last page of the completed Schedule F. Report all Schedules and, if applicable, on the Statistical Summary of Certain Liat	lso on Su	Tot	al \$ ary of	\$ 737.85

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 20 of 40

B6F (Official Form 6F) (12/07) - Cont.

In re_2	Thomas A Hutchings	 Case No.	

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 46N1 Creditor # : 9 Ingalls Memorial Hospital 1 Ingalls Dr Harvey IL 60426			2013-11-05 Medical Bills					\$ 376.00
Account No: 46N1 Representing: Ingalls Memorial Hospital			COMMONWEALTH FINANCIAL 245 MAIN ST DICKSON CITY PA 18519					
Account No: 66N1 Creditor # : 10 Ingalls Memorial Hospital 1 Ingalls Dr Harvey IL 60426			2013-11-05 Medical Bills					\$ 589.00
Account No: 66N1 Representing: Ingalls Memorial Hospital			COMMONWEALTH FINANCIAL 245 MAIN ST DICKSON CITY PA 18519					
Account No: Creditor # : 11 Lake Central School Corp 8260 Wicker Ave. Saint John IN 46373			School Fees					\$ 371.40
Sheet No. 3 of 6 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims	ached t	o So	chedule of (Use only on last page of the completed Schedule F. Re Schedules and, if applicable, on the Statistical Summary of Certa	port also on	T Sum		I \$	\$ 1,336.40

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 21 of 40

B6F (Official Form 6F) (12/07) - Cont.

In re_Thomas A Hutchings	, Case No.

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: Representing: Lake Central School Corp	Co-Debtor	W JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community Wieser & Wyllie, LLp 429 W. Lincoln Hwy. Schererville IN 46375	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 6773 Creditor # : 12 Palos Emergency Medical Service LTD 12251 S 80TH AVE Palos Heights IL 60463			2014-04-23 Medical Bills				\$ 90.00
Account No: 6773 Representing: Palos Emergency Medical Service LT	3 D		ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487				
Account No: 3670 Creditor # : 13 Palos Medical Group 12251 S 80th Ave. Palos Heights IL 60463-1256			Medical Bills				\$ 135.61
Account No: 1521 Creditor # : 14 Presence Holy Family 100 North River Road Des Plaines IL 60016	-		2014-04-14 Medical Bills				\$ 100.00
Sheet No. 4 of 6 continuation sheets attach Creditors Holding Unsecured Nonpriority Claims	ed t	o So	Chedule of (Use only on last page of the completed Schedule F. Report also of Schedules and, if applicable, on the Statistical Summary of Certain Liabilitie	n Sur	Tota mma	al \$ ry of	\$ 325.61

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 22 of 40

B6F (Official Form 6F) (12/07) - Cont.

n re Thomas A Hutchings	, Case No.	
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Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

			-				
Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 1521	Co-Debtor	J	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community	Contingent	Unliquidated	Disputed	Amount of Claim
Representing: Presence Holy Family			ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487				
Account No: Creditor # : 15 Sachs & Hess 7880 Wicker Ave #201 Saint John IN 46373			Attorneys Fees				\$ 5,000.00
Account No: 1428 Creditor # : 16 Springleaf Financial 2136 45TH ST Highland IN 46322			2013-06-07 Personal Loan				\$ 3,752.00
Account No: 1428 Representing: Springleaf Financial			LVNV FUNDING LLC PO BOX 10497 GREENVILLE SC 29603				
Account No: 1428 Representing: Springleaf Financial			Stenger & Stenger 2618 East Paris Ave. SE Grand Rapids MI 49546				
Sheet No. 5 of 6 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims	ied t	o So	chedule of (Use only on last page of the completed Schedule F. Report also or Schedules and, if applicable, on the Statistical Summary of Certain Liabilitie	n Sur	Tota nma	al \$ ry of	\$ 8,752.00

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 23 of 40

B6F (Official Form 6F) (12/07) - Cont.

In re Thomas A Hutchings	, Case No.
D 14 ()	

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: Creditor # : 17 SRC Laboratory Physicians, SC PO Bo x5959 Carol Stream IL 60197	Co-Debtor	JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community Medical Bills	Contingent	Unliquidated	Disputed	Amount of Claim \$ 392.50
Account No: 7072 Creditor # : 18 St Francis Medical G % American Financial Credit 10333 N MERIDIAN ST STE Indianapolis IN 46290			2013-12-05 Medical Bills				\$ 135.00
Account No: 4833 Creditor # : 19 St Francis Medical G % American Financial Credit 10333 N MERIDIAN ST STE Indianapolis IN 46290			2014-01-09 Medical Bills				\$ 32.00
Account No: 5264 Creditor # : 20 St Francis Medical G % American Financial Credit 10333 N MERIDIAN ST STE Indianapolis IN 46290			2013-03-14 Medical Bills				\$ 41.00
Account No:							
Sheet No. 6 of 6 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims	ched t	to Sc	chedule of (Use only on last page of the completed Schedule F. Report a Schedules and, if applicable, on the Statistical Summary of Certain Lia	also on Sur	Tota nma	al \$ ry of	\$ 600.50 \$ 15,831.36

BGG (Official Form 6 RAS Ry) 14-43154	Doc 1	Filed 12/02/14	Entered 12/02/14 12:39:14	Desc Main
200 (0		Document	Page 24 of 40	

n re Thomas A Hutchings	/ Debtor	Case No.	
		-	(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

□ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

BEH (Official Form 6 PASE) 14-43154	Doc 1	Filed 12/02/14	Entered 12/02/14 12:39:14	Desc Main
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In re Thomas A Hutchings	/ Debtor	Case No.	
			(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preeceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

□ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 26 of 40

Fill in this information to identify	your case:				
Thomas A Hutchings					
First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	NORTHERN District of	of ILLINOIS			
Case number				Check if	this is:
(If known)				An ar	mended filing
					pplement showing post-petition
Official Forms D.Cl				chapt	ter 13 income as of the following date:
Official Form B 6I				MM / D	DD / YYYY
Schedule I: You	ır Income				12/13
supplying correct information. If yo	ou are married and not filing with you, top of any additional pag	ing jointly, and yo do not include inf	our spouse ormation	e is living with about your sp	tor 2), both are equally responsible for you, include information about your spous ouse. If more space is needed, attach a known). Answer every question.
Fill in your employment					
information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employ	red		Employed Not employed
Include part-time, seasonal, or self-employed work.		Cashier			
Occupation may Include student or homemaker, if it applies.	Occupation	Casillei			
	Employer's name	Shell Gas Sta	tion		
	Employer's address	17940 S Wolf	Rd		
		Number Street			Number Street
		Orland Park	IL	60467	
		City		ZIP Code	City State ZIP Code
	How long employed the	re? 3 months			
			•		
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of	the date you file this form	n. If you have noth	ing to repo	ort for any line, v	write \$0 in the space. Include your non-filing
spouse unless you are separated If you or your non-filing spouse ha	ave more than one employe	,	ormation fo	or all employers	for that person on the lines
below. If you need more space, a	ttach a separate sheet to th	nis form.			
				For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sale deductions). If not paid monthly,			2. _{\$}	3 2121.25	\$ 0.00
3. Estimate and list monthly over	time pay.		3. + \$	0.00	+ \$0.00
			, [2121.25	\$ 0.00
4. Calculate gross income. Add li	ne z + line 3.		4. \$		\$0.00_

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main

Debtor 1

Thomas A Hutchings Middle Name

Document

Last Name

Page 27 of 40

Case number (if known)

For Debtor 1 For Debtor 2 or non-filing spouse 0.00 2121.25 Copy line 4 here..... 5. List all payroll deductions: 0.00 318.07 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 0.00 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. Domestic support obligations 5f. 0.00 36.62 5g. Union dues 5g. 0.00 0.00 5h. Other deductions. Specify: 5h. 0.00 354.68 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 0.00 1766.57 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 0.00 8a. monthly net income. 0.00 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 0.00 settlement, and property settlement. 8c. 0.00 0.00 8d. Unemployment compensation 8d. 0.00 0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance 0.00 0.00 that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 0.00 8g. Pension or retirement income 8g. 0.00 0.00 8h. Other monthly income. Specify: 8h. +\$ 0.00 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$ Calculate monthly income. Add line 7 + line 9. 1,766.57 1766.57 0.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11. + \$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1766.57 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

Fill in this information to identify your case:							
Debtor 1	Thomas A Hutchings						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankr	ILLINOIS						
Case Number (if known)							

Form B 6I **Schedule I: Your Income** – **Continuation Page** All figures below are included in the total on Line 12 of Schedule I

1. Additional employment information.

	Debtor 1	Debtor 2 or non-filing spouse
Occupation (2)	Logistics	
Employer's name	Marianos Fresh Market	
Employer's address	21001 S La Grange Rd	
	Number Street	Number Street
	Frankfort IL 60423	-
	City, State and Zip	City, State and Zip
How long employed there?	9 months	
Occupation (3)		-
Employer's name		-
Employer's address		
. ,	Number Street	Number Street
	· · · · · · · · · · · · · · · · · · ·	
		_
	City, State and Zip	City, State and Zip
How long employed there?		
3 · p · s, · · · ·		
5h. Other deductions		
Specify:	<u> </u>	
Specify:		
8f. Other government assistance that you	regularly receive	
Specify:		
Specify:		-
8h. Other monthly income		
Specify:	_	
Specify:		
11. Other regular contributions to the expe	enses that you list in Schedule J	
Specify:	_	
Specify:		

Form B 6l Continuation Page Page 1

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 29 of 40

Fill in this information to identify your case:					
Debtor 1 Thomas A Hutchings First Name Middle Name	Last Name	Check if this	is:		
Debtor 2	Last Name	—— An amen		lina	
(Spouse, if filing) First Name Middle Name	Last Name			-	petition chapter 13
United States Bankruptcy Court for the: NORTHERNDistr	ict of ILLINOIS	expense	s as of	f the following	date:
Case number (If known)	_	MM / DD /	YYYY		
				g for Debtor 2 parate househ	because Debtor 2
Official Form B 6J		mamam	s a se _l	parate flouser	ioiu
Schedule J: Your Expens	es				12/13
Be as complete and accurate as possible. If two married information. If more space is needed, attach another she (if known). Answer every question.			-		_
Part 1: Describe Your Household					
1. Is this a joint case?					
No. Go to line 2.					
Yes. Does Debtor 2 live in a separate household?					
No					
Yes. Debtor 2 must file a separate Schedule J					
2. Do you have dependents?	_	pendent's relationship to		Dependent's	Does dependent live
Do not list Debtor 1 and Yes. Fill out this in each dependent	nonnation for	btor 1 or Debtor 2		age	with you?
Do not state the dependents'	_	Daughter	_	13	No No
names.		Daughter		15	☐ Yes No
			-		Yes
					No
	_		_		Yes
	_		_		No
					Yes
	_		-		☐ No ☐ Yes
3. Do your expenses include					
Do your expenses include expenses of people other than yourself and your dependents? No Yes					
Part 2: Estimate Your Ongoing Monthly Expens	es				
Estimate your expenses as of your bankruptcy filing date		sing this form as a supplem	ent in a	a Chapter 13 c	ase to report
expenses as of a date after the bankruptcy is filed. If this applicable date.	-	-		-	-
Include expenses paid for with non-cash government ass	sistance if you kno	ow the value			
of such assistance and have included it on Schedule I: Y	,	•		Your exper	nses
 The rental or home ownership expenses for your residence any rent for the ground or lot. 	dence. Include first	mortgage payments and	4.	\$	0.00
If not included in line 4:					0.00
4a. Real estate taxes			4a.	\$	0.00
4b. Property, homeowner's, or renter's insurance			4b.	\$	0.00
4c. Home maintenance, repair, and upkeep expenses			4c.	\$	0.00
4d Homeowner's association or condominium dues			4d	\$	0.00

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 30 of 40

Debtor 1

Thomas A Hutchings

First Name Middle Name Last Name

Case number (if known)_

		Your ex	penses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	0.00
6b. Water, sewer, garbage collection	6b.	\$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
6d. Other. Specify:	6d.	\$	0.00
7. Food and housekeeping supplies	7.	\$	450.00
8. Childcare and children's education costs	8.	\$	0.00
9. Clothing, laundry, and dry cleaning	9.	\$	200.00
Personal care products and services	10.	\$	50.00
1. Medical and dental expenses	11.	\$	50.00
2. Transportation. Include gas, maintenance, bus or train fare.		<u> </u>	150.00
Do not include car payments.	12.	\$	
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
4. Charitable contributions and religious donations	14.	\$	0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 			
15a. Life insurance	15a.	\$	124.00
15b. Health insurance	15b.	\$	256.00
15c. Vehicle insurance	15c.	\$	0.00
15d. Other insurance. Specify:	15d.	\$	0.00
. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
7. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).	18.	\$	200.00
9. Other payments you make to support others who do not live with you.			0.00
Specify:	19.	\$	
0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc	ome.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 31 of 40

Debtor 1	Thomas A Hutchings	Case number (if known)		
	First Name Middle Name Last Name			
. Oth	er. Specify: _Tobacco	21.	+\$	50.00
	r monthly expenses. Add lines 4 through 21. result is your monthly expenses.	22.	\$	1730.00
3. Calcu	ulate your monthly net income.			1766.57
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1700.57
23b.	Copy your monthly expenses from line 22 above.	23b.	-\$	1730.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	36.57
For e	ou expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you gage payment to increase or decrease because of a modification to the terms of	ou expect your		
V Y	o. es. Explain here:			

B7 (Official Form Cases) 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main

Document Page 32 of 40 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re:Thomas A Hutchings	Case No.
Debtor	(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not diclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor my also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

Year to date: \$10,956.42 Last Year: \$32,558.00 Year before: \$39,833

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

Year to date: 401(k) distribution

Last Year: \$3,125.00

Year before:

B7 - (Official Form Case 314-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 33 of 40

AMOUNT

Year to date:

Cancellation of debt

Year before:

3. Payments to creditors

None Complete a. or b., as appropriate, and c.

Last Year: \$1,121

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filling under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS**

AMOUNT PAID

AMOUNT STILL OWING

Creditor: Indiana Dept. of \$224/month Monthly \$500

Revenue Address:

None

 \boxtimes

None

 \boxtimes

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filingunder chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

NATURE OF COURT OR AGENCY AND LOCATION AND CASE NUMBER **PROCEEDING**

STATUS OR DISPOSITION

Kimberly Hutchings Post Judgment, Divorce Lake County, IN v. Thomas Hutchings nothing active

Bank of NY Mellon Foreclosure Lake Superior Post Judgment, v. Hutchings, Court, Lake County, pre-sale 45D05-1203-MF-00083

IN

LVNV Funding v. Civil Lake County Pending Thomas Hutchings, Superior Court, 45D09-1407-SC-1627 Lake County, IN

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 - (Official Form Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Page 34 of 40 Document

None \boxtimes

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None \boxtimes

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None \boxtimes

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \boxtimes

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None \boxtimes

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None \boxtimes

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR DESCRIPTION AND VALUE OF PROPERTY

paid with mother's credit

Date of Payment: \$1,000.00 Payor: Thomas A Hutchings,

Address: 1106 W. Jefferson St.

Payee: Sara J. Gray

card

Joliet, IL 60435

AMOUNT OF MONEY OR

B7 - (Of	fficial Forn િંગુ હ્ લ ₃] 4-43154	Doc 1	Filed 12/02/14 Document	Entered 12/02/14 12 Page 35 of 40	2:39:14	Desc Main	
None	10. Other transfers a. List all other property, other than or as security within two years imm transfers by either or both spouses when the security within two years immediately are security to the security within two years.	mediately preced	ding the commencement	of this case. (Married debtors filling	ng under chapte	er 12 or chapter 13	
None	b. List all property transferred by the of which the debtor is a benificiary.	he debtor within	n ten years immediately	preceding the commencement of	this case to a	self-settled trust or	similar device

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

Debtor: Thomas A. Hutchings Name(s): Thomas A. Until Dec.

Address: 930 Evergreen Ln. Hutchings 2013 Schererville, IN

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor.

including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar termunder an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

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B7 - (Official Form Case 3) 4-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 37 of 40

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	12/2/2014	Signature/s/ Thomas A Hutchings
		of Debtor
Date		Signature
		of Joint Debtor
		(if any)

B7 - (Official Form Case 3) 4-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main

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DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

Social-Security No.(Required by 11 U.S.C. § 110.)
any), address, and social-security number of the officer, principal,, responsible
Date
-

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

B 8 (Official Form 8) (Case 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 39 of 40

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

EASTERN DIVISION							
nre Thomas A Hutchings	Case No. Chapter 7						
	PTER 7 STATEMENT OF INTENTIO						
Part A - Debts Secured by property of the estate. (I Attach additional pages if necessary.)	Part A must be completed for EACH debt which is secure	ed by property of the estate.					
Property No. 1							
Creditor's Name :	Describe Property Securi	Describe Property Securing Debt :					
Green Tree Servicing L	Single Family Home						
Property will be (check one) :							
☐ Surrendered ☐ Retained							
If retaining the property, I intend to (check at least one):							
Redeem the property							
Reaffirm the debt							
Other. Explain <u>Debtor is not in p</u>	(for	example, avoid lien using 11 U.S.C § 522 (f)).					
Property is (check one):	UBBEBBIOII.						
Claimed as exempt Not claimed as	exempt						
Part B - Personal property subject to unexpired leas additional pages if necessary.)	ses. (All three columns of Part B must be completed for e	each unexpired lease. Attach					
Property No.							
Lessor's Name:	Describe Leased Property:	Lease will be assumed					
None		pursuant to 11 U.S.C. § 365(p)(2):					
		☐ Yes ☐ No					
I declare under penalty of perjury that the above and/or personal property subject to an unexpire	Signature of Debtor(s) e indicates my intention as to any property of my est ed lease.	tate securing a debt					
Date: <u>12/2/2014</u>	Debtor: /s/ Thomas A Hutchings						
_							
Date:	Joint Debtor:						

Rule 2016(b) (8) (a) Separate 14-43154 Doc 1 Filed 12/02/14 Entered 12/02/14 12:39:14 Desc Main Document Page 40 of 40

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re	Thomas A Hutchings	Case No. Chapter 7	
		/ Debtor	
	Attorney for Debtor: Sara J. Gray		

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

- 1. The undersigned is the attorney for the debtor(s) in this case.
- 2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
- 3. \$ 335.00 of the filing fee in this case has been paid.
- 4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
- 5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

None other

6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

None other

7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:

None

8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

None

Dated: 12/2/2014 Respectfully submitted,

X/s/ Sara J. Gray

Attorney for Petitioner: Sara J. Gray

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